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STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

GIBBS Transportation Svc, LLC

DOCKET

NUMBER: 2017-259T  
2017-90-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: James G. Gibbs  
Address: 224 Louisville Dr. W  
Greenville SC 29607

Telephone: 864-973-3494  
Fax: 1-888-732-5550  
Other:  
Email: g.gibbs@clemsonshuttle.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input checked="" type="checkbox"/> Request for Reinstatement   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other:  |

RECEIVED  
JAN 22 2018  
PSC SC  
MAIL / DMS

## CLASS C REINSTATEMENT FORM

<b>Mail or Fax a copy of this form to:</b>  <b>Public Service Commission of South Carolina</b> <b>Clerk's Office</b> <b>101 Executive Center Dr., Ste 100</b> <b>Columbia, S.C. 29210</b>  <b>PHONE (803) 896-5100</b> <b>FAX (803) 896-5199</b>	<b>Need Assistance with completing the Form?</b>  <b>SC Office of Regulatory Staff</b> <b>Transportation Department</b>  <b>PHONE: (803) 737-0800</b>
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DATE: 1-22-2018

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number \_\_\_\_\_  
☒ Charter Certificate Number 7803-1  
☐ Charter Bus Certificate Number \_\_\_\_\_  
☐ Non-Emergency Certificate Number \_\_\_\_\_  
☐ Stretcher Van Certificate Number \_\_\_\_\_

My certificate was revoked/cancelled on 12-19-2017 because Failure to  
 (DATE)  
Maintain Proof of Current Insurance

I am seeking reinstatement because I WAS NEVER NOTIFIED by my  
Insurance Broker About my Insurance, the company changed owner

Gibbs Transportation Inc DBA \_\_\_\_\_  
 (Name of Company) (if applicable)

224 Louisville Drive  
 (Street Address)

\_\_\_\_\_  
 (Mailing Address if different from Street Address)

Greenville, SC 29607  
 (City, State, Zip Code)

\_\_\_\_\_  
 (Signature)

864-973-3494  
 (Telephone Number)

President  
 (Title) Owner, President, etc.

gibbs@clemsonshuttle.com